

1856

STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

State File No.

590

1. Place of Death: (a) County Yuma (b) City or Town Yuma (c) Location 8th St & 18th Ave  
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)  
(d) Length of Stay: In Hospital or Institution none In Community 35 yrs In Arizona 35 yrs  
(Specify whether years, months or days)  
2. Usual Residence of Deceased: (a) State Arizona (b) County Yuma (c) City or Town Yuma  
(If outside city limits also write RURAL)  
(d) Street No. 8th St & 18th Ave (e) Citizen of foreign country (Yes or No) no  
3. (a) FULL NAME William Dillard Bobb (b) If Veteran no (c) Social Security No. no

4. Sex Male 5. Race White ☒ Indian ☐ Negro ☐ Oriental ☐ 6. (a) Single, married, widowed or divorced Married

6. (b) Name of husband or wife Edna M 6. (c) Age of husband or wife, if alive 49 yrs.

7. Birthdate of deceased July 29 1888  
(Month) (Day) (Year)

8. AGE: Years 58 Months 3 Days 17 If less than one day hrs. min.

9. Birthplace Coleman Texas  
(City, town or county) (State or Country)

10. Usual Occupation Cattleman

11. Industry or Business Ranch

Father { 12. Name O F Bobb  
13. Birthplace Coryell Texas  
(City, town or county) (State or Country)

Mother { 14. Maiden Name Martha D Lewis  
15. Birthplace Van Buren Ky  
(City, town or county) (State or Country)

16. (a) Informant's own signature Edna M Bobb  
(b) Address 8th St Yuma Ariz

17. (a) Burial, Cremation or Removal Burial  
(b) Place Yuma Arizona (c) Date 11-21-46

18. (a) Embalmer's Signature Robert E. Johnson  
(b) Funeral Director The Johnson Mortuary  
(c) Address Yuma Arizona

19. (a) 11-21-46  
(Date received by Registrar)

(b) Mary A. Supperman  
(Registrar's Signature)

John W. Supperman Deputy

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Nov 16 1946  
TIME (Hour and minute) 6:20 P M.

21. I hereby certify that I attended the deceased from Jan 1 1942 to Nov 16 1946;  
that I last saw him alive on Nov 16 1946;  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic rheumatic heart disease  
& corda brevis & pulmonary edema  
Due to

Due to  
Other conditions Chronic nephrosis  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations

Of autopsy

DURATION

10 yrs.

2 yrs.

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or Town) (County) State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature Mary A. Supperman M. D.

Address Yuma Medical Center Date signed 11/21/46